

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		1		1
4		3		1		1
5		4		1		1
6		5		1		1
7		6		1		1
8		7		1		1
9		8		1		1
10		9		1		1
11		10		1		1
12		11		1		1
13						1
14						1
15						1
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TOTAL IND.		1	1		1	
TOTAL DEP.		11	11		25	
TOTAL CLAIMS		12	12		26	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS